

| POSITION                  | INITIALS  | ID NO. | DATE     |
|---------------------------|-----------|--------|----------|
| FEE DETERMINATION         | <i>MA</i> | 70891  | 11/1     |
| O.I.P.E. CLASSIFIER       | <i>W</i>  |        | 11-5     |
| FORMALITY REVIEW          |           | 71423  | 12-11-00 |
| RESPONSE FORMALITY REVIEW |           |        |          |

### INDEX OF CLAIMS

|   |                                 |   |                    |
|---|---------------------------------|---|--------------------|
| ✓ | ..... Rejected                  | N | ..... Non-elected  |
| = | ..... Allowed                   | I | ..... Interference |
| - | (Through numeral)..... Canceled | A | ..... Appeal       |
| + | ..... Restricted                | O | ..... Objected     |

| Claim | Final | Original | Date    |
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| Claim | Final | Original | Date |
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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